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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/282,356 10/29/2002 PAT 7,169,182
 and is a CON of 10/309,585 12/04/2002 PAT 7,115,132
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 and said 10/282,356 10/29/2002
 is a CIP of 10/256,160 09/26/2002 PAT 6,989,032
 which is a CIP of 10/175,417 06/19/2002
 which is a CIP of 10/151,280 05/20/2002
 which is a CIP of 09/970,479 10/04/2001 PAT 6,669,730
 and is a CIP of 10/140,153 05/07/2002 ABN
 and said 09/970,479 10/04/2001
 is a CIP of 09/968,046 10/01/2001 ABN
 and said 10/140,153 05/07/2002
 is a CIP of 09/970,479 10/04/2001 PAT 6,669,730
 and is a CIP of 10/128,619 04/23/2002 PAT 6,863,689
 which is a CIP of 09/906,119 07/16/2001 PAT 6,607,559
 and is a CIP of 09/982,148 10/18/2001 PAT 6,673,113

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 27	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

51640

TITLE

INTERVERTEBRAL SPACER DEVICE HAVING ENGAGEMENT HOLE PAIRS FOR MANIPULATION USING A SURGICAL TOOL

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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